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INFLAMMATION OF THE UTERUS.

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ACCORDING to medical writers, inflammation of the substance of the uterus is by no means rare. Some have met with it in about half of their puerperal cases. Duges, for instance, met with it in three out of four, and Lee in ten out of forty-five cases.

As far as my own observation extends, however, strongly-marked cases of pure inflammation of the muscular substance, are not common. In my three years' practice in the Boston Dispensary, which, as is well known, furnishes abundance of midwifery cases, puerperal fever in all its varieties was frequent; but I never met with a serious case of pure uterine inflammation. Of course, when the peritoneal surface and the appendages are inflamed, the substance of the uterus often participates more or less, but in this case the affection of the part is absorbed, as it were, in the more general disorder.

Muscular inflammation of the womb may be distinguished by its coming on, shortly after delivery, with violent pain directly over the uterine region, attended with great tenderness on pressure, and increased exceedingly on motion. The pain and tenderness are confined to this single spot, just above the symphysis pubis; and do not extend over the surface of the abdomen. The pulse is generally of the inflammatory character, very full and rapid, and the tongue greatly coated. The urine and the lochiæ are commonly suppressed.

Among the causes of this disease, Dr. Dewees mentions: "The long and reiterated efforts the uterus is occasionally forced to make to overcome the resistance which opposes the expulsion of the child: whether this arise from rigidity of the neck of the uterus; or of the external soft parts; the construction of the pelvis; or the size or situation of the child."

In the two following strongly-marked cases, which have occurred in my practice, one remarkable feature was the readiness with which the organ was acted upon, and the inflammation more than once brought back, after it had been removed, by mental excitement whether pleasurable or the reverse. In fact, in both of these cases, mental excitement was the immediate cause of inflammation. This is not at all surprising

when we consider the influence which sudden surprises, whether joyful or painful, have upon this organ at all times, and especially in pregnancy.

CASE I.—June 4th, 18—, I was summoned, about 2 o'clock in the morning, to visit a lady who had been about four hours in labor. She was about 26 years of age, a little above the middle size, of sanguine temperament, and lively disposition. It was her first child. The pains were strong and the labor had progressed steadily from the time of its commencement. It continued through the morning, the soft parts yielding with difficulty, and the patient suffering much in consequence of the rigidity of the parts, the violence of the pains, and the large size of the child. After the birth of the head, there was still some difficulty in delivering the body. The child did not cry or breathe on birth; but after some time, animation was restored by the usual means. It became a hearty, robust boy.

The patient was soon after put to bed, and seemed to be doing well. On my visit the next morning, I found her sitting in a chair whilst having her bed made. The breasts were filled with milk, but owing to the contraction of the nipple, the child could not nurse, and it was necessary to use a breast pump. I remonstrated against her sitting up, and cautioned her against exertion of any kind.

On the afternoon of the fourth day after delivery, June 8th, I was called to her in haste. She had violent pain in the uterine region, with great tenderness on pressure over the uterus, but not over the abdomen generally. There was great fulness of the abdomen, and the urine was suppressed. The tongue was covered with a white coat; the pulse full, but not much accelerated. The flow of milk was still free. Bowels costive.

Although the patient was of full habit, yet as the state of the pulse did not indicate venesection, and as leeches were not accessible without great delay, I determined to trust, in the first instance, to the effect of calomel employed as a cathartic. I directed a large dose to be given instantly with a small portion of jalap, and to be repeated if it did not operate; warm fomentations over the uterine region, and a pill of calomel, opium and antimony, after the operation of the cathartic.

The effect of the purgative was as favorable as I could have wished. After two doses, it operated well, the pain was considerably relieved, and some urine was passed. On my morning visit, I found her much more comfortable. She was free from pain while perfectly still, but it returned upon the slightest motion. The milk was abundant, and there was no suppression of the lochiæ. In the afternoon there was a return of the pain, but it was relieved by fomentations and subsided gradually towards morning. The night, however, was restless, with frequent inclination to pass water, and great pain and difficulty in doing so.

The next morning, June 10th, I found her much as on the preceding day. The bowels being costive, I ordered a dose of castor oil; also the free use of slippery-elm tea for the urinary troubles. On the afternoon of this day, after some mental agitation, she had a severe return of the pain. I found two doses of the oil had been given without effect, but after an

injection she was again relieved. The night was restless and uncomfortable.

On the succeeding morning, June 11th, I found her free from pain except on motion; but on the slightest attempt to move there was that contraction of the forehead which evinces sharp internal pain, and is generally indicative of organic disease. The respiration was hurried, and attended with groaning. These were unfavorable symptoms, but there were others of an opposite character. The pulse was still favorable, the milk came even more freely than at first, and there was less tenderness on pressure. The fulness of the abdomen also had been gradually subsiding. I had continued the pill of calomel, opium, and antimony, every night; and there was now mercurial fœtor and soreness of the gums. I may remark, in passing, that although I rely greatly upon mercury, especially in inflammatory diseases, I have always used it with so great caution, that for four years I have not produced soreness of the gums except in this instance. The action upon the liver and the secretions may be produced, and the inflammation controlled, without producing any effect upon the mouth. The slightest bad taste in the mouth is an indication with me to suspend and check its operation with sulphate of magnesia, in cathartic, or in smaller doses, as the case may require. In this way, we derive more benefit than can be obtained by salivation; without any of the evil effects of the medicine, and the course can, if necessary, be continued longer.

I directed a dose of Epsom salts as a cathartic; six grains of Dover's powder, three times a-day; and twenty drops of nitrous ether three times a day. The decoction of slippery-elm bark to be continued. If the pain returned, an injection to be given immediately. Fomentations to be continued.

June 12th.—I found her more comfortable than yesterday. The afternoon and night had been passed without severe pain. The difficulty of passing water continued, but was less in degree. The tenderness in the uterine region was somewhat less.

From this time, there was a slow but steady improvement in all the symptoms. Her nights were kept tranquil by the use of Dover's powders, the bowels regulated by injections, and the urinary organs by spirits of nitrous ether, and the decoction of elm bark. The patient, in the mean time, was kept perfectly still in her bed. Toward the end of June, she had improved so far as to sit up in bed for a little while at a time.

On the second of July, however, after some mental excitement, occasioned by receiving very agreeable news, the pain suddenly returned; and I was again summoned in haste. A gentle opiate was given, the pains gradually subsided, and the recovery was not retarded. In a week from this time, the patient was able to leave her room. She gradually gained strength, and recovered her usual degree of health without further impediment.

In this case, the active remedies were cathartics, fomentations and opiates. The specific effect of the submuriate no doubt had a powerful influence in subduing the inflammation. The use of warm fomentations

is recommended by Dr. Clarke, but objected to by Dr. Dewees. In this instance the benefit was very apparent, in relieving the pain and in promoting the passing of urine. The pain diminished almost immediately upon their application.

Some months after her recovery, the patient left the town; but I have since learnt that she was confined a second time about two years after, and suffered more in the consequences than she did with her first child; as she had swelled leg, and her convalescence occupied three months.

CASE II.—August 4th, 18—. First child. In this case, the patient was nearly of the same size and age as in the former; but of nervous instead of sanguine temperament.

I was called to her about 12 at noon. The pains had commenced about 10 the night before, and continued steady. She was sitting up, and the dulness of the pains indicated that the first stage of labor was not completed. Upon examination, I gave my opinion that delivery would not take place under six or eight hours. About 5, P. M., the pains changed their character, and became sharp and powerful. They increased in severity, becoming almost constant. There was less pain in the back than usual; the suffering being mostly in front, and continuing in the intervals of labor pains. The suffering was extreme, though, perhaps, not very much greater than is frequent in females of similar size and age, who generally undergo more than those of smaller figure and laxer fibre. Some of the most melancholy and striking instances which rise to my mind, and which may occur to the minds of many of the profession in Boston, of fatal results ensuing after confinement, took place in ladies of nearly the same size, age and figure of the subjects of these two cases.—The only peculiarity in the delivery was that, whether from the size of the body or the shape of the head, it remained an instant half delivered, with the os externum stretched to the fullest degree; the pain subsiding, and leaving it in this position, from which it could not be removed without violence. This was of course a moment of extreme suffering to the patient. On the return of the uterine contractions, it was expelled with very little assistance, about 8, P. M.; and the body readily followed.

To my surprise, the cries of the patient continued, and the assurance that her principal suffering was over, did not quiet her. The child cried lustily at birth; it was a stout boy with a large head, and an unusual prominence of the occiput. The patient became rather easier, and I hoped that on the coming away of the placenta, she would be entirely relieved. This came away at the usual time, but there was not the relief I expected. There was considerable though not excessive hemorrhage. The uterus contracted well, but there was considerable tenderness of the abdomen directly over it. I had spirit applied to the bowels, and gave her Dover's powders. After a little while she again became easier; and about 10 o'clock, I made an attempt to get her up, everything about her being thoroughly wet. On raising her a little, however, entire syncope took place; and I was obliged to abandon the effort. I

directed dry cloths to be placed next the skin, and applied a tight bandage, as usual, around the abdomen. I left her about 11 o'clock.

I was called to her again about 2, A. M. She had violent pain in the uterine region, with great tenderness on pressure. I gave an opiate, and had a powerful mustard poultice applied immediately to the abdomen. After a time, the pain was subdued, but nausea, tendency to syncope, feeble pulse and other marks of extreme prostration succeeded. I directed twenty drops of spirits of nitrous ether, and warm wine and water to be given alternately every two hours; also a cup of warm gruel every two hours. Warm fomentations to be applied immediately after the removal of the mustard poultice.

August 5th.—Visited her about 8, A. M. I found her more comfortable, pulse stronger. There was still considerable pain and great tenderness. In the evening I found her about the same. The bandage having slipped down and become painful, I re-applied it. As she had passed no water since her confinement, I directed hot applications to the lower part of the bowels, and I gave spirits of nitrous ether every two hours; a pill of calomel, antimony and opium to be taken at 10 o'clock, and repeated, if necessary, at 12.

6th.—Passed urine freely after the warm applications; no severe pain. Abdomen much swelled, and bandage become so tight that she has had it removed. Bowels costive. The child has been put to the breast, but there is no milk. On inquiry, she says that she has never had any sensation in the breasts. Ordered a dose of castor oil. Pill at bed time.

7th.—The abdomen was considerably reduced after the operation of the oil. One or two large coagula were passed. Continues as well.

From this time to the 12th, she went on gradually improving. She was, however, liable to constant fainting on the slightest attempt to raise her head. Any motion of the body brought on pain. The pulse, through all this period, was slower than natural. The bowels were sluggish, and constant injections required.

On the first night, I felt exceedingly apprehensive that the patient would sink in the way women sometimes do, from the immediate consequences of labor, or from *shock* as it is called; and up to the present time, August 12th, I considered her situation as dangerous. This morning she appeared stronger and better than she had done. I had hitherto very strictly prohibited her seeing any one but those required to attend upon her; but she was now so much more comfortable that I tacitly permitted her to see a friend. Having had no operation, I gave her a mild cathartic.

13th.—About 5, P. M., I was called in haste. She had seen a friend who called, had considerable conversation, and become very much excited. During the visit she felt pain coming on in the uterine region, and it soon became very severe. I found her crying out incessantly with the violence of the pain. There was great tenderness above the symphysis pubis, not elsewhere; the abdomen was very full and tense; the pulse was increased in quickness; the urine and the lochia were still free. The cathartic had not operated. Being desirous of acting upon

the bowels before employing a more powerful opiate, I gave her Dover's powders, and ordered an injection to be given immediately. A strong mustard poultice was applied over the seat of pain. The tendency to delirium put venesection out of the question. The difficulty of obtaining and applying leeches was the only objection to their use. After waiting about an hour, as the pain continued unabated, I gave her about fifteen grains of the submur. hydrarg., and afterwards powerful opiates. Two injections of oatmeal gruel with salt and castor oil were given in the course of the evening, and finally operated freely; and about 10 o'clock I left her considerably easier. Bags of hops wet with hot vinegar were to be applied to the bowels after the removal of the mustard poultice; and the opiates continued until sleep was procured.

On the morning of the 13th, I visited her about 7 o'clock. I perceived on entering the room, a strong cadaverous smell, increasing as I approached the patient. She was lying low in the bed, countenance yellow, pulse very feeble, voice husky. Says the pain left her entirely about 2, A. M., and she is now perfectly easy. Has had a very free operation from the medicine. The lochial discharge continues; urine free.

The entire subsidence of the pain, the marks of great prostration, and the fetid smell, led me to fear mortification. Dr. Dewees notices this smell from the lochia as one of the strong indications of a fatal result. I directed tr. sulph. quinin. to be given every four hours, and spirits of nitrous ether every four hours, crossing each other. Nourishment to be taken regularly every two hours.

In the afternoon, there was some slight return of pain, but it subsided readily after an injection. At my evening visit, I found she had rallied considerably. The pulse was stronger, the voice clearer, the fetid smell had disappeared; and, in short, there was an improvement in all respects. The immediate danger of gangrene was passed; but the friends had now taken the alarm, and were anxious for a consultation. To this I gladly consented; being very willing to divide the responsibility, as the case was still very critical. Dr. Hosmer, of Watertown, whom I have always esteemed it a privilege to meet, was applied to, and agreed to meet me at 8, the next morning.

I now omitted the quinine, but directed the nitrous ether to be continued as a gentle stimulant, and nourishment to be continued every two hours while awake. Six grains of Dover's powder to be given every four hours until she slept.

August 14th.—At 8 o'clock, I visited the patient in company with Dr. Hosmer. I found her much the same as last evening. She had passed a good night, and gave a favorable report. She had been a good deal agitated by the proposed consultation, which she had just been told of; but she now appeared tolerably calm. Her condition was this: Countenance and whole skin very white—the yellowness having entirely disappeared; mind perfectly clear; tongue little coated; no dulness of the eyes; pulse quick, but not of bad character; skin rather moist; urine and lochia free; abdomen greatly distended, tympanitic, giving the sound of a bladder filled with air. There was no severe pain in the uterine

region when perfectly still ; but there was great tenderness. Raising her head produced giddiness and fainting. Dr. Hosmer recommended an injection, twice a-day, of one drachm of ol. terebinth. in a pint of decoction of menth. viridis ; six grains of Dover's powder, three times a-day ; the abdomen to be rubbed with a liniment of ol. terebinth. and aq. ammoniæ.

At my evening visit I found her in considerable uneasiness, having had no operation, both injections being retained. I gave her an injection of a pint of gruel, with salt and castor oil, as above. Afterwards the following. R. Tr. opii camphorat., vini antimon., spt. æth. nitros., āā ʒ ss. M. A teaspoonful alternately with Dover's powder every four hours until sleep.

August 15th.—The third injection operated very freely, after which she was very comfortable. The tumefaction of the abdomen was considerably less. As the mustard poultice had removed the skin considerably, I had directed the liniment to be carefully applied to the sound part only. To my surprise, I found it had been rubbed freely over the whole abdomen, without producing any smarting. The ingredients of the liniment were fresh and of the first quality. As the injections the preceding day had worried and fatigued her considerably, I thought it better to omit the morning one. I directed the Dover's powders to be continued, and the liniment used freely. In the afternoon, I found there had been some return of pain. In other respects remained as comfortable. No sensation produced by the liniment. Dover's powders and drops to be used as last night.

16th.—Somewhat better. The abdomen still remains tympanitic and tender, but is a little less swollen. She has had cramps and considerable pain in the right leg.

For several days she continued pretty much the same, but about the 20th had some exacerbation of the pain. About this time the lochia ceased. As the liniment had produced no irritation, I now directed it to be omitted, and a blister applied above the symphysis pubis. I now determined to make trial of the submuriate, two grains every night with Dover's powder, until a slight effect should be perceived.

The good effect of the blister was very perceptible in removing the pain. She now gained more rapidly, the tumor nearly subsided, and the soreness became less. She had at one time considerable pain in the shoulders, and at another a severe attack of pain in the right side, accompanied with difficult breathing. This was relieved by a blister and opiates. When we take into consideration the whiteness of the skin, the tendency to deliquium, and latterly the pain in the chest, together with some of the other symptoms, there can be no doubt that, in cases of this kind, there is a tendency of the vital forces inwards, from the surface to the centre, producing an engorgement of all the internal organs, and hence when one is relieved there is a disposition in the others to inflame.

The mercurial course was continued for about a week, when as she thought she felt some soreness of the mouth, I discontinued it. She never had at any time the metallic taste, or mercurial fætor. I now gave her a solution of Epsom salts with tincture of peppermint, &c. (one

ounce to four fluid ounces), a tablespoonful every four hours until it operated. This operated well, and the next morning there was not the slightest trace of mercurial effect upon the mouth.

I continued to visit her three times a-day until the first of September. At this time there was very little swelling, and the tenderness and soreness had nearly subsided. She had laid on her back now nearly a month, with perfect inability to turn in the bed or to raise her head. Every attempt to raise her produced faintness. As her progress in gaining strength was slow, I now directed the use of a tonic of gentian, cascarrilla, quassia and rhubarb. For a short time past I had allowed her broth.

She continued to do well until Sept. 6th, when, after some new cause of excitement, she had a severe return of pain and swelling of the abdomen. I had kept the bowels regular by the constant use of laxatives, and injections; but, at this time, the cathartic latterly employed had failed, and she was costive. I gave her ten grains of the submuriate and an injection of gruel, &c. A blister was again applied to the abdomen. Dover's powders and the above-mentioned drops were used very freely. After the operation of the injection she became easier, and the pain wore off. Her strength was considerably reduced and her recovery delayed.

A short time after this, owing to a similar cause, she had another attack of severe pain accompanied with swelling. The tenderness and pain now extended over the whole abdomen. The pulse was more rapid than it had been at any time, and the face was slightly flushed. It had hitherto had the whiteness of chalk. The skin also was now dryer than it had been. In short, I now apprehended a regular siege of peritonitis. I ordered an injection of gruel, with two drachms of oil of turpentine, to be given immediately, and a blister applied. The drops of paregoric, antimony, &c., to be resumed and used freely. The injection operated very powerfully, producing a good deal of distress in the bowels, with nausea and fainting; but the pain was relieved, she became quite comfortable, and in a day or two the swelling and pain disappeared. After this attack, I omitted the tonic, and determined upon keeping the patient moderately under the influence of sedatives the whole time. To this end, sixty drops of the preparation above mentioned, were given every four hours during the day; and compound ipecac. powders every three hours during the night.

After the 10th of September, I found it necessary to visit her only once a-day. There was a slight perceptible gain from day to day; but she was still perfectly unable to move her body or to raise her head. She continued slowly to improve, through the month of September. At the end of this time, there was no soreness or swelling in any part of the abdomen; and no tenderness on pressure. She was gradually obtaining power to move her lower limbs, and began to lie with her head a little elevated. Dizziness still occurred, whenever the head was much raised. An attempt to raise her, produced pain throughout the spinal column. The pulse still continued very slow and feeble, and the whiteness of the skin remained. I now gave her fifteen drops of tincture of sulphate of

quinine three times a-day. About the 6th of October, I had her lifted from her bed into a chair; and in the course of a day or two, she was able to exercise her feet by rocking. The first attempts at moving the lower limbs from a horizontal posture, were attended with great pain; and for some time they swelled very much during the day. Still greater pain was produced by her first attempts at bearing her weight upon them; and still more by her first attempts at walking. The stomach was still very delicate. I had for some time past allowed her broth, the juice of meat, and a little bread.

By the 24th of October, she was able to walk about her room without help; and two or three days after, she left her room. About the 24th the catamenia occurred. She never had any milk or the slightest sensation in her breasts.

The child was at first strong and hearty. Although deprived of the breast milk, it seemed to be doing well, and went comfortably through the first disease of infancy, sore mouth. But it was in the midst of the dog-days, and the weather intensely hot. It was not always possible to procure sweet milk or cream; and it began to fail. I now earnestly urged that means should be procured of affording it its natural food. One of the neighbors had a child six months old. She was prevailed upon to come in and nurse it three times a-day. The effect was immediate; and it again began to thrive. For some time, it went on very well. But the nurse became unwell; she had her own family to attend to, and became less regular as the infant seemed less to require her assistance. It again failed suddenly. I urged the necessity of placing it at nurse, as the only means of saving it. It was several days before an arrangement could be made for this purpose; and when it was carried to its new nurse, it was a day or two too late. Although two months old, it was smaller and must have weighed less than at birth. Yet only four days before it had been tolerably plump. So rapid had been the emaciation. It nursed well the first day; on the second day, not so well; and after this became unable to take the breast. It was fed again on milk and diluted cream; an attempt was made to support its strength by stimulants, but without any other effect than to prolong life for a day or two. It sunk very slowly but steadily, and died about the first of October.

Inflammation does not, in general, take place immediately after confinement, and not until re-action takes place after the shock of delivery. In the first of these cases, it took place on the fourth day. It was brought on, no doubt, principally by imprudence in not keeping sufficiently still on the first days after confinement. Sudden excitement occurring when the system was thus predisposed, inflammation of the uterus took place. The external circumstances in this case were very favorable. The weather though warm was not hot, the patient had an experienced nurse; everything went on quietly and systematically, and without interference from officious visitors.

In the second case, although there was great soreness and tenderness on pressure from the very moment of delivery, active inflammation did not take place till the ninth day after delivery. The weather was intensely hot, and the local situation, at that time particularly, a very noisy

one. Although the patient had every necessary article that money could procure, yet the want of a cool experienced nurse was greatly felt. It is impossible for the immediate friends to manage in cases of great danger with the same quiet and regularity as a hired nurse. She is or ought to be absolute in her sphere, she does or directs everything with calmness, and the friends acquire fineness by her example. Above all, she keeps the patient from using improper exertion; and opposes intrusion into the sick room with more authority and with better grace than the friends themselves can do, however strict the orders of the physician.

In the country, the necessity of quiet and perfect rest to the puerperal patient is very little understood. The day after her confinement she feels perfectly well, and cannot conceive why she should lie a-bed. Still less can her acquaintance imagine why they should be excluded. The utmost the physician can, in general, do, is to confine his patient to her room for a fortnight. The Irish lady, it is true, may be seen in Broad St., buying meat of her butcher the day after the birth of her child; and she may escape the immediate consequences of such a step; perhaps also the remote ones. In like manner, American women who are brought up to hard labor—a rare class in these days—may with safety go to their work in a comparatively short time; but the person brought up and resident in a city or a manufacturing village, cannot do so with impunity. If she have the good fortune to escape puerperal fever, inflammation of the womb, and puerperal insanity, there are other evils that sooner or later develop themselves. Among these, are protracted and excessive flow of lochia, prolapsus uteri, weak back, and supposed spinal affections. In short, the patient who has appeared remarkably well for some weeks after her confinement, finds she does not recover her usual strength. She is *ailing*, and has certain anomalous and obscure symptoms which puzzle the physician and admit only of palliation. She is nervous, troubled at times with indigestion, has urinary troubles, swelling of the bowels and limbs, headache, &c. In short, all the abdominal organs are disordered. These results do not of course appear at once, and sometimes not till after several confinements. They develop themselves gradually, and increase until, after a longer or shorter period, the system gives way and she sinks from suffering and exhaustion.

But to return to my second case. The patient was not at all disturbed during the first week. But as soon as inflammation had occurred, the elderly ladies of the place, never having heard, apparently, of inflammation of the womb, and eager to see and advise in so strange a case, actually besieged the house. The patient herself was able to prevent their actual entrance into her room, but the noise of tongues, like the rush of many waters, could not be kept out. To the heat, the noise, the officiousness of visitors, many other causes of mental disturbance were added. In short, as in the other case all the external circumstances were favorable; in this all the external circumstances were unfavorable. In regard to the medical attendance, whatever may have been the skill employed, I can truly say that there never was a case more closely and assiduously watched; or more pains taken to render the issue favorable.

Newton Lower Falls, November, 1845.

ASTHMA OF LONG STANDING—PLEURISY AND GANGRENE OF THE LUNG—FATAL.

By George Hubbard, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

MR. G. M., the subject of the following communication, I first visited as a patient on the 20th of December, 1835. He was at that time 28 years of age, married, and had always enjoyed excellent health, never having suffered with cough or any difficulty of breathing. He was of more than middling size, the chest broad and full, and his form that of great health and strength. Without giving the symptoms at that time in detail, it will be sufficient to say that his disease proved to be measles, accompanied with tightness across the chest, and great oppression for breath, which lasted four or five days, but was entirely relieved by the application of a large blister to the thorax.

From this time for more than two years he enjoyed good health, when he again suffered with dyspnoea, which in a few days terminated in health. These attacks, which he called asthma, were from the winter of 1838 more or less frequent, occurring three or four times a year at irregular intervals; sometimes six months, and once a whole year elapsing without suffering. I recollect his remarking, about three years ago, that he thought he had got rid of the asthma, as he had not had it for a whole year. Soon after this, he had a very severe attack, confining him to his room nearly a week. Till within the last two years his general health has not suffered much, the difficulty of respiration rarely continuing a week at a time, being accompanied with only a moderate cough, and generally with but little expectoration. During the cold weather of 1843-4, and 1844-5, his general health suffered a good deal, some of the attacks lasting two or three weeks before the respiration became free, the cough being severe, with, at times, copious expectoration. He grew thinner and paler, and there was loss of strength, &c.

During all his sufferings, bringing the time down to the summer of 1845, he scarce ever lost more than three or four days from his business (a boarding house), and some of the attacks were not sufficient to confine him either to his room or to the house. There was generally scarce any fever, and no gastric symptoms, the appetite, though diminished, being pretty good. I have frequently seen him about his work, when the respiration could be heard at a considerable distance.

From my earliest acquaintance with him, I frequently examined the chest by auscultation and percussion. The whole chest always sounded remarkably clear, and at times, when percussing the back, it seemed as though the thorax was hollow. The murmur of respiration, during the worst paroxysms, was usually very weak or entirely absent over almost the whole chest. I sometimes could hear a sharp, sonorous rattle; and I have heard, at the distance of several feet from the patient, the sound imitating the cooing of a dove. As the cough was dry or otherwise, the expectoration free or not, the rattles varied very much, the mucous, the

sonorous and the sibilant being heard at different examinations, and sometimes all of them at the same examination in different localities.

A great variety of remedies were used at different times. All manner of expectorants, James's powder, Dover's powder, camphor, valerian, Hoffman's anodyne, lobelia (as an emetic), antimony, ipecac. in emetic quantities, smoking stramonium leaves, inhaling the fumes of paper dipped in a solution of nitre and burned in his room, smoking tobacco in a pipe, and almost all the highly-puffed patent remedies recommended for coughs, colds, consumptions and asthma, were tried by himself, and all with little or no relief. I do not recollect that there was any decided mitigation of suffering from any remedy that was employed; and for the last three years he took but little medicine, but depended principally upon his pipe and tobacco alone for relief, saying that it did as much good as anything, and that he suffered no more nor any longer than when he took medicine. And I believe this was true.

All that has been said has reference to what occurred before the beginning of last summer. Through the last summer his health was tolerably good, as he had no attack of his old complaint, though there was in his aspect an appearance of loss of general vigor and energy. About the first of October last, he had a return of difficulty of breathing, which lasted for three or four days, but it was not so severe as to confine him to the house. At this time he coughed and raised a good deal for a week or ten days. He then got better.

October 25th.—Found him in bed. He then had a sharp pain at the lower left back and side. Here was a new symptom—for in all his former illness I never heard him complain of any pain. He had felt this pain coming on for two or three days. Respiration free and easy, only that it hurt him, he said, on the left side to draw in his breath. He coughed, the expectoration was loose, easy, and the sputa *quite offensive*. Here was another new symptom; for never previously had I noticed any disagreeable smell in the matter expectorated. The chest had its usual resonance on percussion, and there was a very general mucous rattle over both lungs. From this time till Nov. 5th, he sat up most of the day in his room, had but little fever, coughed and raised more or less of very offensive matter every day. Sometimes he would pass the night with but little cough, and would then cough an hour or two in the morning. Sometimes he would cough almost all night, and but little through the day. During this time, the pain in the side continued, though for a night or for three or four hours through the day he would be free from pain. The pulse became soft and weak, though not remarkably so; respiration free from distress, no tightness. Took some light nourishment several times daily.

From Nov. 5th to 12th symptoms the same, weakness increased, could not sit up; the expectoration increased, amounting from half a pint to a pint in twenty-four hours. Color of sputa dark green, inclining to yellow. Smell exceedingly disagreeable. Pain in left side continued. Sound over the thorax good, with the exception of dulness at the lower left back; no crepitous rale, but extensive mucous rattle. From the 12th to

the 15th coughed but little, very little expectoration, and that of a light frothy mucus without smell. Pain in left side still continued, but in less degree. Seemed less exhausted, and the afternoon of the 14th sat up and shaved himself. Thought himself better. On the evening of the 15th, cough returned with great violence, with copious foetid sputa. On the morning of the 16th found him very much exhausted, pulse weak and over 100. Had raised during the night 10 or 12 ounces of same dark-green offensive matter. Respiration very easy. But little pain in left side, with increased dulness of sound. Everywhere else good resonance. Slight crepitous rale was heard during the day over the left scapula, but everywhere else a mucous rattle.

17th. Morning.—Still raises freely; smell same; very weak; pulse 120. During the day, for the first time through his present illness, the respiration became oppressed and wheezing, as in his former asthmatic attacks. Had till this time been able to lie in the horizontal position; now had to be raised and supported upright by pillows.

Morning of 18th.—Supported in bed in the sitting posture. Stench in room very disagreeable, as it had been for some days; patient drenched with perspiration; respiration gasping; countenance deathly pale; evidently sinking; expectoration loose and still copious; pulse weak and very quick. A little past 12 o'clock raised for the first time three or four ounces of bloody matter. This bloody discharge did not continue more than five minutes. It almost literally run from his mouth. After this he failed rapidly. Gasping for breath and retaining his consciousness to the last, he expired at 2 o'clock, P. M. During the last hour he neither coughed or raised, although he spoke distinctly but a few minutes before he died. Half an hour before death, applied my ear to chest; could hear a very distinct bubbling sound over the back generally, with a gurgling under left scapula.

During his last illness, blisters, poultices and fomentations were used upon the left side; and internally, expectorants, opiates, wine, &c., with as much nourishment as the stomach would receive.

Autopsy, twenty-one Hours after Death.—Chest so full and arched anteriorly as to be almost cylindrical; on the right side no adhesion of lung; not more than one or two oz. of serum in the right cavity. On the left side lower half of lung adhered slightly anteriorly and latterly. Posteriorly free. In left thorax, ten or twelve ounces of straw-colored serum without smell. At the upper part of left lung the adhesion was so firm as to require some force to detach it, and in separating it under the upper part of the scapula, my fingers broke through into the lung, and upon withdrawing them, I found them smeared over with a dark-red substance of the consistence of pus, and having the same foetor as the matter expectorated during life. So great was the stench that a gentleman present retreated to a window. Sufficient issued from the torn lung to give to the serum in the left cavity a dark turbid appearance. I removed both lungs. They were large, corresponding to the size of the chest. The rupture was an inch and a half or two inches long, near the top of the lung and in the direction of the spine of the scapula. I laid open the sinuses

connected with the heart, and after I had done so, a non-medical gentleman said "the top of that lung is rotten." The diseased cavity was of very irregular shape, extending in its greatest direction three inches, was most of it near the surface of lung, not generally penetrating to a depth of more than one inch. Its irregular jagged surface was smeared over with the same material that escaped from the rupture. Within one inch of this cavity the lung seemed sound, and excepting, I should say, one third of the upper lobe, which was disorganized, all the remaining part of the left lung, together with the whole right, was healthy, containing no tubercles, nor having any inflammatory hardness at any point; neither were the lungs emphysematous, certainly not on their external surface, which I expected to find from the history of the case.

This was undoubtedly a case of gangrene of the lung, which is considered a rare disease: Laennec mentions but few cases that he saw himself, and Forbes, his translator, says, "he never met with a case in practice, and never witnessed the lesion in the dead body."

What was the cause of the gangrene in this case? Considering the athletic form of the patient, his large chest, that he belonged to a healthy family free from pulmonary disease, his very regular and temperate habits, it is, I suppose, reasonable to believe that the organic lesion in the left lung had its origin in the dyspnoea under which he so long and so severely suffered.

Boston, November, 1845.

PATHOLOGY AND TREATMENT OF EPIDEMIC DYSENTERY.

By O. Bailey, M.D., of Lancaster Co., Penn.

THE ordinarily fatal character of this disease throughout this section of country, under the common course of treatment, and the frequency with which it is preceded by, alternated with, or followed by acute rheumatism, has induced the writer to adopt some peculiar views with regard to it. From these he has been led to apply a corresponding treatment, which having been to a great degree successful with himself and his professional friends around, determines him to offer it to the consideration of the profession, and the test of a more extensive experience.

Many circumstances appear as evidence that epidemic dysentery, like acute rheumatism, is the result of spinal irritation, the termination of which in inflammation being the cause of its fatality. To this spinal irritation in dysentery, is added a peculiar dry harsh condition of the skin, which probably determines the abdominal character of the affection, and adds to the rapid development of the irritation. Under such conditions, the antiphlogistic and revulsive agency of cupping over the spine, and the action of some diaphoretic, would be the appropriate means to be used in the treatment. The following notes exhibit some comparative results—comparing this with the methods commonly pursued in the treatment.

Of 42 cases treated in the ordinary manner (by calomel, opium and

ipecac.), occurring in the vicinity of Andrew's Bridge, during the summer and autumn of 1842-3, 18 died and 24 recovered.

Say 23 adults,	8 of whom died,	15 recovered.
19 under 10 years,	10 " "	9 "
<hr/> 42	<hr/> 18	<hr/> 24

Average time in those dying, $8\frac{1}{2}$ days.
" " recovering, 13 days.

In 1844, between July 23 and August 10, there first occurred 5 cases, which were treated in a similar manner; 3 were under, and 2 over, 10 years of age; 4 died and 1 recovered. Average time in those dying, $6\frac{1}{2}$ days; the single recovery taking place in 7 days. Remarkable emaciation, with rigidity and contraction of the abdomen, in those who died.

The 6th case occurring under the writer's notice during this year, was the father of three of those who died. The same symptoms were observed, and similar treatment pursued for three days without any apparent advantage, the patient being more debilitated, with a contracted and rigid abdomen. The injections of warm water which had been recommended were abandoned, in consequence of the irritability of the rectum.

On the fourth day, at 11 o'clock, 6 cups (that being as many as could be borne), were applied near the spine, and an infusion of thoroughwort (*Eupatorium perfoliatum*) was directed to be given freely.

At 7 o'clock, P. M., the patient had been up only three times since the cupping, and the discharges were now more like those of ordinary diarrhoea. Complained of soreness over the abdomen. The cups were re-applied over the same scarifications, the blood flowing more freely than at first, and the infusion to be continued, adding warm water injections, which can now be borne.

Fifth day, at 10 o'clock. Had been up but once since last visit, and complained only of soreness over the abdomen, with pain and slight tumefaction of the left wrist. Applied three cups over the origin of the brachial nerves. This relieved the wrist, and the soreness of the abdomen passed off after a short time.

CASE VII.—Aug. 17th.—Mr. C., a friend and pupil of the writer, who had accompanied him in his visits to the above-mentioned patients, was taken in the morning with symptoms of the disease. These increased towards evening, the pain and tenesmus being severe, and the calls to stool frequent. At this time he was seized with a chill, followed by uneasiness in the back and limbs.

Determined in this case to abandon entirely the use of opium and purgatives, as these appeared to have otherwise than a beneficial effect.

Jugs of warm water were applied to the feet, and the infusion of the eupatorium given as warm as it could be taken. In a few minutes all chilliness had disappeared and a free perspiration established. The administration of fifteen grains of ipecac. now produced free emesis, and a slight remission of the distressing symptoms. At 12 o'clock at night,

the patient was much worse than in the evening, the tenesmus and calls to stool having increased, and being accompanied by considerable fever.

Venesection to $f\frac{3}{4}$ xij.

In the morning of the second day, there being no abatement of symptoms, 6 or 7 cups were applied over the spine, extending from the inferior cervical vertebra to the sacrum, and taking 5 or 6 ounces of blood. The infusion was again resumed. Subsequent to this there was but one dysenteric discharge. In five or six hours after the cupping an enemata of tepid water was administered. This produced a free evacuation of the bowels, after which all traces of dysentery had disappeared.

[To the above cases, which are published in the Philadelphia Medical Examiner, Dr. Bailey has added quite a number of similar ones, tending to show an identity in the cause of this disease and that of rheumatism. We have not room for more of them.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 10, 1845.

Ovariectomy.—George Southam, Esq., Surgeon of the Salford Royal Hospital and Dispensary, Manchester, England, has published a detailed account of the removal, by himself, of an encysted tumor of the left uterine appendages. The account is contained in a pamphlet, a copy of which came last week to the address of the Journal. The case was read at a late anniversary meeting of the Provincial Medical and Surgical Association at Sheffield. This is the second operation of the kind performed by Mr. Southam. The patient, a lady of 38, who had been married twenty years, but without children, eight years ago discovered an enlargement of the abdomen, but which produced no derangement of health. Without minutely describing all the varying circumstances from day to day, it is only necessary to state that a tumor finally appeared, seriously interfering with respiration. In process of time, an operation seemed the last and only hope of the patient, who submitted. An incision was made midway between the umbilicus and pubes—opening the peritoneal cavity sufficiently to admit the finger. A cyst was brought into view, which, on being punctured with a trochar, was followed by a discharge of between sixteen and eighteen pints of clear, lemon-colored fluid. By introducing the hand into the abdominal cavity, there was found no impediment to the extraction of the tumor. It was carefully drawn out, a gentle pressure being made on the abdomen. Finding it attached to the uterine extremity of the left broad ligament, by a slightly vascular pedicle, Mr. Southam tied it firmly with a ligature, and then cut the attachment and drew out the entire mass. No difficulty was experienced from the intestines protruding through the wound, as they were remarkably flaccid. The edges of the incision were brought together, and Mrs. S. made as comfortable as possible. On the 12th day after the operation she rode home, three miles. On the 49th day the ligature came

away, and the patient is now well, and in the enjoyment of perfect health. This is indeed a triumph of surgery. We tender our thanks to the bold and ingenious operator, for remembering us in distributing the memoir.

"Physical Education and the Preservation of Health."—This little manual, by John C. Warren, M.D., Professor of Anatomy and Surgery in Harvard University, embracing an experience on the part of the writer of more than forty years, will prove a useful as well as an ornamental work upon the parlor table. The subjects treated of, and which are handled in a clear and popular manner, although by no means covering the entire ground of hygiene, are such as the daily life of each one requires to be known. They consist, first, of an address upon Physical Education, originally delivered before the American Institute of Instruction, and now reprinted, with some alterations; to this follow chapters upon *Digestion, Exercise, Mode of Sleeping, The External Use of Water, Friction, Tobacco, and the Conclusion.*

This is not the connection in which to speak of Dr. Warren's name and reputation—the work is a popular one, designed for the people. At any rate, greater respect must be felt for the man, who could thus turn aside from the higher and more exciting field of surgery, for the purpose of diffusing information among the people at large. A better book for a present at this season of the year will not be found, and we hope the publishers, Messrs. Ticknor & Co., will reap a rich reward.

Professional Discontent.—Dr. John P. Harrison, of Cincinnati, in an introductory before the medical class at the Medical College of Ohio, Nov. 4th, dwelt with much earnestness on the sources, evils and correctives of professional discontent. Parts of the discourse are admirably written. The author has an intimate knowledge of the trials through which a majority of the active members of the profession pass, before they secure the confidence or patronage of the people. His observations on the gloomy, forbidding expression of the face of some discontented physicians, are true to the life. They go plodding and grumbling all their days, to three score and ten, wretched themselves and making others so, by habitually finding fault with the present organization of society and the unequal and unjust distribution of the blessings of Providence. They abominate a calling for which they are morally unfit, and proclaim their sovereign contempt for those who are more prosperous or happier in their domestic relations than themselves. Men of this description abound, in the medical as well as in other professions; if they had the re-fashioning of the world, it would be converted into something resembling the dark workings of their own restless, unhappy minds. "By participating in the good wishes and generous approval of our fellow citizens," says Dr. Harrison, "our own contentment will be promoted—and by devoting our lives to virtuous industry, the good wishes and generous approval of society will accompany us through all the vicissitudes of our earthly condition."

Before leaving this well-written and pleasant address, which actually lays open the hearts of the various orders of medical practitioners, and clearly explains the way to be individually happy, while all who are within the sphere of the physician's influence are made happy too, it should

be mentioned that Dr. Harrison inculcates the important truth that matrimony is the last, greatest and crowning blessing. On such authority, the class must think well of the institution of marriage; and we honor him for explaining so freely, the great principles of human accountability in professional intercourse—and the true way of securing domestic happiness. Dr. Harrison closes this part of his address thus:—

"In the clear heaven of her delighted eye
An angel guard of loves and graces lie;
Around her knees, domestic duties meet,
And fire-side pleasures gambol at her feet."

The Monthly Miscellany and Journal of Health.—Dr. William M. Cornell, of Boston, is about commencing a new monthly periodical, which he intends shall be vigorous, instructive and fitted to the intelligence of the times. He perceives an unoccupied niche, and steps in to occupy it, with an ardent desire to promote human health and happiness, and extend the boundaries of useful knowledge; and in the prosecution of the work we think he will show that he is no idler in the domain of science. Dr. Cornell has our kind wishes for his success; and may his magazine be as much esteemed by the great public, as he is by those who know him the most intimately.

Origin of Life.—A book is advertised with this title, by H. Halleck, M.D., which is pretty much all that is known of it. The origin of life is a subject that might engage the profound attention of the highest order of intellect; but it is to be feared that Dr. Halleck's treatise may prove to be a nine-penny skeleton of a pamphlet, written with a view to excite diseased minds to more activity in producing physical deterioration. If any one acquainted with the true character of this publication, will furnish a synopsis of its contents, it would be regarded as a favor.

Brattleboro' Hydropathic Institution.—An act of incorporation for this institution, say the papers, was granted at the last session of the Legislature of Vermont, giving the petitioners leave to hold property to the amount of \$50,000. A gentleman from the vicinity assures us that the Hydropathic Institution is gaining favor, is well patronized, and that more ample accommodations are demanded for those who seek advice and restoration through its aquatic influences. This is one of the last of the great medical farces which is being played for the diseased imaginations of semi-valetudinarians. How extraordinary that the true use of water has but just been discovered! Some who have not succeeded in regular practice, in homœopathy, animal magnetism, pathetism, in the use of purgative pills, temperance bitters, galvanic rings, in thermo-electrical practice, Bechism, Thomsonism, Grahamism, or any other of the known modes of mongrel practice, have become thorough converts to the water cure. What will they resort to next?

Puberty in the African.—An important law question, says the New York Sun of Thursday last, came before the Court of Common Pleas of Franklin County, Ohio, in the case of Joseph Williams, a colored boy

under 14 years of age, charged with an attempt to outrage the person of Althea S. McDougal, a child of 5 years of age. The charge was proven. It was contended for the defence that prisoner, or a boy under 14 years of age, could not be punished for this offence, according to the English decisions. The prosecution held that these were inapplicable to the present case, and medical testimony was given to prove that persons of African descent arrive at the age of puberty earlier than Europeans. This decided the question, and the jury returned a verdict of guilty. He was sentenced to the Penitentiary for three years. His counsel intend to carry the case to the Supreme Court, says the same paper. It would be a matter of peculiar gratification here, to know the source of the medical testimony which so essentially influenced the court. If the discovery has actually been made that individuals of African descent sooner arrive at puberty than the descendants of other races of men, it is altogether a new fact in physiology—and the law of development was first promulgated, we believe, in the precincts of the Ohio tribunal. A physician is expected to state what he knows to be fact, and, if a court insists, he is justified also in advancing an opinion; but to stand up before a jury and positively declare that the descendants of Africans arrive at puberty earlier than the Caucasians or Mongolians, is assuming high ground, and what we think is not susceptible of proof.

Lithontriptic Action of the Uva Ursi. By Dr. FENOLIO.—An old calculous patient had fever, and experienced severe pain in the bladder. He would not consent to be sounded. Dr. F. prescribed a decoction of the uva ursi, prepared thus: R. Uva ursi, 3 ss.; water, 3 ix. Boil for fifteen minutes; strain, add syrup of gum, 3 v., and take the whole in three doses. After using this tea for three days, the patient passed thirteen pretty large gravels, and in five days more, ninety others. The whole formed a considerable mass. His suffering and fever disappeared.—*Jour. des Con. Southern Med. and Surg. Jour.*

Medical Miscellany.—Dr. D. D. Owen is lecturing on Geology at Cincinnati.—Dr. Sherwood's theory of the magnetic poles promises a mild winter, notwithstanding the prophetic warnings to the contrary from other sources.—A colt, three years old, with *five legs*, is on sale at New York.—A woman is living 15 miles from Mobile, who weighs 460 pounds—which is 40 more than the weight of the Hon. Dixon Lewis, member of Congress, who is considered the heaviest man in America.—The cholera is less violent in some parts of India. At Pashawur and Cabul, however, it is grievously destructive.

TO CORRESPONDENTS.—Dr. Chandler's Case of Laceration of the Liver during Parturition, and a case of Death from excessive use of Ardent Spirits, have been received.

DIED.—At Leyden, Mass., Dr. Willard A. Wilkins, 39, of erysipelas.

Number of deaths in Boston, for the week ending Dec. 6, 44.—Males 17, females 27. Stillborn, 4. Of consumption, 13—apoplexy, 4—croup, 1—teething, 3—disease of the heart, 3—scarlet fever, 5—cancer, 2—lung fever, 2—throat distemper, 1—dropy on the brain, 2—typhus fever, 3—infantile, 3—dropy, 1—old age, 1—disease of the bowels, 1—scrofula, 1.
Under 5 years, 17—between 5 and 20 years, 1—between 20 and 60 years, 19—over 60 years, 7.

Improved Life Preserver.—We have lately examined a newly-invented life preserver, called the *Nautilus*, which appears to us so much superior to any hitherto proposed, and so perfect, that we cannot refrain from commending it to our readers, and, through them, to their friends and the western public generally, who from the vast extent and multiplied dangers of our navigable rivers, are deeply interested. It consists of a gum elastic tube several inches in diameter, and long enough, when stretched out, to surround the chest of a man, while, by pressing its ends towards each other, with its aperture open, it is so reduced in length, its diameter remaining the same, that it may be carried in the coat pocket. Within it there are two coiled wires, similar to that within the cushion of a sofa, which, by drawing the ends from each other, have their coils separated, so as to give the length just mentioned, while the diameter of the tube remains nearly unaltered. Of course atmospheric air flows in through the hole at one end, to which there is a plug or stopper, not to keep the air in but the water out; for as long as that is done, and the tube is kept stretched round the body, it necessarily retains its air, and consequently its buoyancy. Should it be punctured, unless the holes be large enough to let water pass in, no harm will be done, for the wires will keep the sides from collapsing. In fact, nothing could be more simple and beautiful than the principle on which it acts; and no one can examine it without feeling confidence in its preserving power. We are not surprised, then, to find it strongly recommended by the American Shipwreck Society, and the American Institute. We hope to see it generally adopted on the lakes and rivers of the interior.—*Western Jour. of Medicine and Surgery*.

To cover Pills or Extract of Copaiba with Gelatine.—This process, invented by M. Garot, is exceedingly easy and practicable, and it is surprising that it is not employed more generally in this country, as it much more effectually disguises the taste and odor, and interferes less with the solution, of the medicine, than the method of gilding or silvering usually practised.

"It is applicable to every substance capable of a pilular consistence; such as balsam, camphor, musk, assafetida, mercurial and ferruginous preparations, &c. Two hundred pills can be coated with gelatine in an hour, and will be ready for use after the lapse of two hours. The pilular mass so coated remains soft a much longer time than according to any other plan. We shall now proceed to describe the process.

"Fix the pills on long, fine pins; plunge them into thick, purified glue, placed in a hot-water bath; then remove them by a rotary motion, and stick the heads of the pins in paste spread out on a slab, so that the pills may remain elevated in the air; as soon as fifty are thus treated, rotate them individually in the heat of a taper, to harden the external pellicle; pull out the point of the pin, and the process is complete.—*Dublin Hospital Gazette*.

New Medical Books in London.—The Modern Treatment of Syphilitic Diseases, &c. By Langston Parker, F.R.C.S.—A Glance at Hahnemann and Homœopathy. By Ernest Van Brunnnow.—A Treatise on the Principal Diseases of the Arteries. By Edwards Crisp, M.R.C.S., &c.